STATE OF NORTH CAROLINA	Court File No.	
Country	IV-D Case No.	
County	In The General Court Of Justice District Court Division	
Name Of Plaintiff	MOTION AND ORDER TO SHOW CAUSE	
VERSUS	FOR FAILURE TO COMPLY	
Name Of Defendant	WITH ORDER IN CHILD SUPPORT ACTION G.S. 50-13.4; 5A-21	
Name And Address Of Obligee	Name And Address Of Obligor	
should not be held in civil or criminal contempt for his/her farmotion, present the following information: 1. The obligor has willfully failed to comply with an Order a. failing to pay medical expenses in the amount or b. failing to provide medical insurance for the child c. failing to provide obligee with a medical insurance	dated by f\$ (ren). ce card or information required to file a claim for the child(ren). in past-due child support	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	Date	
Date Signature Of Person Authorized To Administer Oaths	Signature Of Person Making Motion	
Deputy CSC Assistant CSC Clerk Of Superior Court	Nature of Interest In This Action	
	Plaintiff Defendant	
Date My Commission Expires Notary	Other	
County Where Notarized SEAL		
OPDED TO APPEAL	R AND SHOW CAUSE	
TO THE PLAINTIFF DEFENDANT NAMED A		
The Court finds probable cause to believe that you are in ci order as specified above. You are Ordered to appear at the	vil or criminal contempt for failing to comply with the Court's date, time and place set out below to show cause, if any, why iminal contempt. Your failure to appear as ordered may result	
Date Of Hearing Time Of Hearing AM PM	Date Issued	
Place Of Hearing	Signature	
	Judge Assistant CSC Clerk Of Superior Court	

	RETURN C	OF SERVICE
I certify that this Motion and Order was received and served as follows:		
Date Served	Time Served	Name Of Obligor
delivering a copy personally to:		
Name Of Person With Whom Cop	y Left	Name Of Person With Whom Copy Left
depositing a copy in the United States mail in an envelope bearing proper postage and addressed as follows:		
Name And Address		Name And Address
☐ leaving a copy at the office of the attorney named below, with a partner or employee		
Name Of Attorney		Name Of Attorney
Party Represented		Party Represented
Person With Whom Copies Left		Person With Whom Copies Left
By leaving a copy of this Motion and Order at the dwelling house or usual place of abode of the obligor named above with a person of suitable age and discretion residing therein.		
Name Of Person With Whom Copy Left		
Address Where Copy Delivered Or Left		
Date Accepted		Signature Of Person Who Served Motion And Order
Date Received		Signature Of Deputy Sheriff Making Return
Date Of Return		Name Of Sheriff (Type Or Print)
		County Of Sheriff